attention: Chestine Colch

ADVISORY COMMITTEE APPLICATION FOR BOARD APPOINTMENT

It is the applicant's responsibility to keep the information on this form current. To advice the County of any changes please contact Christine Cobie by telephone at 488-8932 or by a-mail at Cobie@mail.co.teon.fl.us

Applications will be discarded if no appointment is made after two years.



Name Home Phone: 222-2662 Work Phone: 487.9875 Occupation: S'rate em player Please check box for preferred mailing address. Work Address: City/State/Zip: 7576 Talley Ann Deive Tallahassee, FG 32311 Home Address City/State/Zip: Do you live in Lean County? Thes I No If yes, do you live within the City limite? Thes I No Do you own property in Leon County? Tes O No If yee, is it located within the City limits? Oyes O No For how many years have you lived and/or owned property in Leon County? 35 years Are you interested in serving on any specific Committee(s)? If yes, please indicate your preference 1st Choice: Land Pill Park if not interested in any specific Committee(s), are you interested in a specific subject matter? If yas, plasse chack those areas in which you are interested, or describe other areas not ilsted: Human Services __ Housing __ Health Care __ Science __ Library Services __ Growth Management __ Tourist Development Transportation Bicycle/Pedestrian Metropolitan Planning Organization Other Areas Have you served on any previous Leon County committees? If Yas, on what Committee(s) have you served? How many days per month would you be willing to commit for Committee work? 🖸 : 🔘 2 to 3 💆 4 or more And for how many months would you be willing to commit that emount of time? 🚨 🗵 3 to 5 🚨 🗖 or more What time of day would be best for you to atland Committee meetings? Day Day (OPTIONAL) Leon County strives to meet its goals, and those contained in various federal and state laws, d maintaining a mambership in its Advisory Committees that reflects the diversity of the community. Although strictly optional for Applicant, the following information is needed to meet reporting requirements and attain those goals. ☐ Hispanic Asian A Race Age: 57 Disabled? Sex Persons needing a special accommodation to participate in an Advisory Committee should contact - ++-Christine Cobie by telephone at 488-8952 or e-mail at CobiaC@mail.co.ison.fl.us

In the space below briefly describe or list the following: any previous experience on other Committees; your educational background; your skills and experience you could contribute to a Committee; any of your professional
licenses and/or designations and indicate how long you have held them and whether they are effective in Leon County;
any charitable or community activities in which you participate; and research for your choice of the Committee indicated
on this Application. Please attach your resume, if one is evaluable.
I have a strong interest in making improvements
to the Leon Country Landfill and promoting better
I have a strong interest in making improvements to the Leon Country Landfill and promoting better communication with country representatives.
(See attached Reasons) References (you must provide at least one personal reference who is not a family (number):
References (you must provide at least one personal reference who is not a family member):
DI LUI I
Natte: Robert Henley Telephone: 644-4847
Address: 2470 Elfinwing Way 32309
Name. Jill Ghin; Telephone. 410-2634
Name. Telephone. Tolephone.
Address: 1151 GREEN Hill TRACE, Tall 32317
HAROSTANT I BOAT DEGUIDEMENTS BAD ADVICABLY CAMMITTEE MEMBEDGUID
IMPORTANT LEGAL REQUIREMENTS FOR ADVISORY COMMITTEE MEMBERSHIP
AS A MEMBER OF AN ADVISORY COMMITTEE, YOU WILL BE OBLIGATED TO FOLLOW ANY APPLICABLE
LAWS REGARDING GOVERNMENT IN THE SUNSHINE, CODE OF ETHICS FOR PUBLIC OFFICERS, AND
PUBLIC RECORDS DISCLOSURE. THE CONSEQUENCES OF VIOLATING THESE APPLICABLE LAWS
INCLUDE CRIMINAL PENALTIES, CIVIL FINES, AND THE VOIDING OF ANY COMMITTEE ACTION AND OF
ANY SUBSEQUENT ACTION BY THE BOARD OF COUNTY COMMISSIONERS. IN ORDER TO BE FAMILIAR
WITH THESE LAWS AND TO ASSIST YOU IN ANSWERING THE QUESTIONS BELOW, YOU MUST COMPLETE
AN ORIENTATION BEFORE YOUR APPLICATION IS DEEMED COMPLETE.
Have you completed the Orientation? Green D No
Are you willing to complete a financial disclosure form, if applicable? Sixes Q No
Will you be receiving any compagation that is expected to influence your vote, action, or participation
on a Committee? Dives Who If yet, from whom?
TO ADD BUILDING CIRC AND MARIO DE DESERGIR CON MINISTER SANDAR MAINTENANT AND ACCUMINATION OF THE PROPERTY OF
Do you know of any discumstances that would result in you having to shatain from voting on a Committee due to voting
confricte? Di Yes Sho if yes, please explain
If you piesse explain
Do you have any employment or contractual relationship with Leon County that would create a continuing or irequently
recurring conflict with regard to your perticipation on a Committee? Yes
if yes, please explain
All statements and information provided in this application are true to the best of my knowledge.
Signature: Glenn Dalbatt
Signature: Curio
Please return Application to Christine Copie, Agenda Coordinator
Leon County Board of County Commissioners
301 South Monroe Street

Tallahassas, FL 32301

ADVISORY COMMITTEE APPLICATION FOR BOARD APPOINTMENT

It is the applicant's responsibility to keep the information on this form current. To advise the County of any changes please contact Christine Coble	LEON
by telephone at 488-9982 or by e-mai∳at CobleC@mail.co.leon.fl.ue	Erenia A
Applications will be discarded if no appointment is made after two years.	A COUNTY
Name: MONA LISA ABBOTT	Date June 24,2004
Home Phone: 222-6662 Work Prone: 222-6662 Email: amonalisa	a earthink net
Home Phone: 222-6662 Work Prone: 222-6662 Email: emanalisa. Occupation: Photographer Employer: Self-Employ	ed
Please Chack box for o/statest mailing address	
Work Address: 7576 Talley Ann DR	
City/State/Zip: TALLAHASSEE, FL 32311	
Home Address 7576 Talley Ann DR.	! !
City/State/Zip: "Tallachassee, FL 32311	
Do you live in Lean County? The Pes Di No II yes, do you live within the City limits? Dives	
Do you own property in Lean County? Yes D No If yes, is it located within the City limits	7 DYes O No
For how many years have you lived end/or owned property in Lean County? 21 years	ļ
Are you interested in serving on any specific Committee(s)? If yes, please indicate your prefer	_
1st Choice: LAND FILL 2nd Chaice: LAND FILL	to fark
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Human Services Housing Health Care Science Library Services Growth N Tourist Development Transportation Bicycle/Pedeatrien Metropolitan Planning C	
Other Areas	
Have you served on any previous Leon County committees? 🔲 Yes 🔍 🌣 🔾 🔾	
If Yas, on what Committee(s) have you served?	
How many days per month would you be willing to commit for Committee work? 🗀 1 🖂 2 to	
And for how many months would you be willing to commit that amount of time? 2 0 5 to	5 № 6 or more
What time of day would be best for you to attend Committee meetings? Day Diviging	
(OPTIONAL) Lean County strives to meet its goals, and those contained in various for maintaining a memberahlp in its Advisory Committees that reflects the diversity of the comm optional for Applicant, the following information is needed to meet reporting requirements and	unity. Although strictly
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Sex: Mole E Female Age; Disabled? Disabled?	es 🗆 No
Persons needing a special accommodation to participate in an Advisory Committee to Christine Cobie by telephone at 488-9962 or s-mail at CobieC@mail.co.leon	tostines blught

in the space below briefly describe or list the following: any previous experience on other Committees; your educational background; your skills and experience you could contribute to a Committee; any of your professional licenses and/or designations and indicate how long you have held them and whether they are effective in Leon County; any charitable or community activities in which you participate; and research for your choice of the Committee indicated on this Application. Please ettach your resume, if one is available.
o Fla Repot of Renamine Certificate of Registration 5 mar 01/02/81
RED CROSS, HUMANE SOCIETY, VENTURE SCOUTS (an offshoot of Boy scouts of AMERICA), . BA. PSYCHOLOGY FSU
BOY SCOUTE OF AMERICA), . BA. PSYCHOLOGY FSU
CAKE HEATTAGE NEIGHBORHOOD NEWS ASSOCIATION - FOUNDER 2004 JAK References (you must provide at least one personal reference who is not a family member):
Name: DONNA GABRIELLE Telephone: 321-8222
Address: 8440 Augustwood LN . 32311
Name: George Williams Telephone: 877.9293
Address: Talley Ann Court
IMPORTANT LEGAL REQUIREMENTS FOR ADVISORY COMMITTEE MEMBERSHIP AS A MEMBER OF AN ADVISORY COMMITTEE, YOU WILL BE OBLIGATED TO FOLLOW ANY APPLICABLE
LAWS REGARDING GOVERNMENT-IN-THE-SUNSHINE, CODE OF ETHICS FOR PUBLIC OFFICERS, AND
PUBLIC RECORDS DISCLOSURE. THE CONSEQUENCES OF VIOLATING THESE APPLICABLE LAWS
INCLUDE CRIMINAL PENALTIES, CIVIL FINES, AND THE VOIDING OF ANY COMMITTEE ACTION AND OF
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AN ORIENTATION BEFORE YOUR APPLICATION IS DEEMED COMPLETE.
Management of the Colombia and State of the
Have you completed the Orientation? ☐ Yes ☐ No Are you willing to complete a financial disclosura form. If applicable? ☐ Yes ☐ No
Will you be receiving any compensation that is expected to influence your vote, action, or participation
on a Committee? □ Yes 및 No if yee, from whom?
Do you anticipate that you would be a stakeholder with regard to your participation on a Committee? If Yes One Do you know of any circumstances that would result in you having to abstain from voting on a Committee due to voting
conflicte? E Yes MINO If yes, please explain
Do you or your employer, or your wife or child or their employers, do business with Leon County? M Yes
11 yes, please explain I work the election Pouts Frequenty
Do you have any employment or contractual relationship with Lson County that would create a continuing or ifequently recurring conflict with report to your participation on a Committee? □ Yes ➤ No
.f yee, please explain
All statements and information provided in this application are true to the best of my knowledge
Signature: Mora Lisa 50000
Please return Application to Christine Gobie, Agenda Coordinator
Leon County Board of County Commissioners
301 South Monroe Street
Tallehassee, FL 32301

Page 2 of 2

I SUMMINION FUR DUARU APPUIN MENTAGE 5 10 17

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LEON

Name: Beverly Flarris Elliout		Date:	
Home Phone:850-297-1281	Work Phone, 850-222-7994	Email: arabhe@carthlink.net	
Occupation; Manager	Employer: FILS	Society of Association Executives	
Please check box for preferred 9 Work Address: PO Box 11	11:0		
City/State/Zip: Tallabasses	v. FL 12302		
X Homo Address 2004 Kings	shridgo Ct		
City/State/Zip: Tallanasses	b 19 32311		
Do you own property in Leon C For how many years have you in Are you interested in serving o	ipunty? X½: 9 No - If yes, is	ves, please indicate your preference	
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Human Services Housing Tourist Development Trans	_ Health Care Science sportation Broycle/Pedestria	Library Services Growth Management in Metropolitan Planning Organization	
Other Areas			_
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PAGE	6	_OF_	17

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Sex:	9 Mule	X Female	Age: 54		Disabled?	9 Yes	X No
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on this Applic have not ser • Certified A	cation. Pleas rved on an A Association	nity activities in whi is attach your resur dvisory Committee Executive. I have for the past 25 year	ne, if one is ava . I have a BA in excellent lores	ilable. Education, a ce	rtificale in Asse	ciation Man	acoment and a
		vide at jeast one pr					
Kame:_Linda	t Chrono			Tolep	thone: _850-22	2-7994	
Address.PO F	Box 11119,	Tallahysee, FL, 32.	302				
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	PAGE	7	_OF	17
	or contractual relationship with Leon County that would create a continuing or frequently by your participation on a Committee? 9 Yes X No			
All statements and information Signature:	provided in this application are true to the bast of my knowledge.			
Please return Application to	Christina Cobie, Agenda Coordinator Leon County Board of County Commissioners 301 South Monroe Street Tallahasase, FL 32301			

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Name: Storry M. E	SOA			Date: 08/26/04
Home Phone: 421-4061	Work Phone:	222-6891	Email: elsone@gt	law tom
Occupation: Paralegal		Employer: Gree	nberg Traurig	
Please check box for preferred	mailing address) <u>.</u>		
Work Address: 101 Ea. City/State/Zin:	st College	Ave,		
City/State/Zip:	assee, FL	32302		
☐ Home Address				
City/State/Zip:				
Do you live in Leon County?	Yes D No If v	res, do vou live wit	thin the City limits? 🗆 Yes	ı □ No
Do you own property in Leon C				
·	•			
For how many years have you i				
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Apulacheel	arkway kogion	ld Park	. Land Lill Citizens	Liaison Committee
1st Choice: (1)The sas [1]	cus Groap	2nd Cho	olce:	
if not interested in any specific those areas in which you are in	• • •	-		tter? If yes, please check
Human Services Housing _ Tourist Development Trans	_ Health Care portation B	Science Li icycle/Pedestrian	brary Services Growt Metropolitan Plannin	h Management g Organization
Other Areas			<u></u>	
Have you served on any previou	s Leon County	committees?	□Yes No	
If Yes, on what Committee(s) ha	ve you served?			
How many days per month wou			mmittee work? 🛛 1 🗀 2	to 3 4 or more
And for how many months would	d you be willing	to commit that an	nount of time? 🗆 2 🗀 3	to 5 D 6 or more
What time of day would be best	for you to atten	d Committee meet	ings? Day Day Nigh	t Either day'n night
(OPTIONAL) Leon County str maintaining a membership in its optional for Applicant, the follow	Advisory Com	mittees that reflec	ts the diversity of the com	munity. Although strictly
Race:	African Ar	nerican 🗆 His	panic 🗆 Asian	□ Other
Race: Caucasian Sex: Male Fe	male	Age:	Disabled?	Yes No
Persons needing a spe Christine Col	cial accommod ole by telephone	ation to participate at 488-9962 or e-r	in an Advisory Committe nell at CobieC@mail.co.lec	should contact on.fl.us

educational background; your licenses and/or designations a any charitable or community a on this Application. Please at	r skills and experience you o and indicate how long you ha activities in which you particip tach your resume. If one is ay	ing: any previous experience on other Committee; any previous to a Committee; any of your could contribute to a Committee; any of your tive held them and whether they are effective in Lipate; and reasons for your choice of the Committerailable. If and would like to be used in the Committee, I am a your new community. I am a your new community, I am a your in that they make and a particular than the for any years as well as the Law for a family member):	professional eon County; tee indicated
Sample I am	Analyse in Construct	in Law for 20 years as well a	Committee
enveraginatal usin	er, It would be a pu	ice who is not a family member):	
	•	,,,,,,,, .	
•		Telephone: 232-6841	
Address: 101 East Coll	ge Ave., Tallahosse	e, FL 32302	
Name: Boo Apgar			
Address: 101 East Colk	ge Ave., Tallahossen	e, FL 32302	
PUBLIC RECORDS DISCLE INCLUDE CRIMINAL PENAL ANY SUBSEQUENT ACTION WITH THESE LAWS AND TO AN ORIENTATION BEFORE Have you completed the Orient Are you willing to complete a fi	OSURE. THE CONSEQUITIES, CIVIL FINES, AND IN BY THE BOARD OF COLORSIST YOU IN ANSWER YOUR APPLICATION IS DEtation? In the constant of the con	o pplicable? MYes d No influence your vote, action, or participation	BLE LAWS N AND OF FAMILIAR
Do you anticipate that you wou	ld be a stakeholder with regar	rd to your participation on a Committee? Yes having to abstain from voting on a Committee du	≥No
conflicts? □ Yes JE No if	yes, pieżse expizin	pyers, do business with Leon County? EYes	
If yes, please explain 🔼 🚾	trint 2000 Committee	ree	□ No
recurring conflict with regard to if yes, please explain	y contractual relationship with your participation on a Com-	th Leon County that would create a continuing or mittee? You No	frequently
		are true to the best of my knowledge.	
Signature: Johnny M.	Elsan		
Please return Application to	Christine Coble, Agenda Co Leon County Board of Coun 301 South Monroe Street Tallahassee, FL 32301		

ADVISORY COMMITTEE APPLICATION FOR BOARD APPOINTMENT

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Name: Chris Evelo			Date: 8/23/04
Home Phone: 656-1915	Work Phone: 224-2727 (Email: eveloc@yahoo.com	
Occupation: Web Programmer		Fiorida Institute of CPAs	
Please check box for preferred	nailino address.		
□ Work Address:			. ;
City/State/Zip:			
☐ Home Address 6829 Chish	olm Court East		
City/State/Zip: Tallahassee	,FL 32311		
Do you live in Leon County?	Yes 🗆 No if yes, do you	live within the City limits? DYes	J No
Do you own property in Leon Co	punty? 🗆 Yes 🗆 No If y	es, is it located within the City limit	s? □Yes □ No
For how many years have you l			
Are you interested in serving or	ı any specific Committee(s)	? If yes, please indicate your prefe	rence
1st Choice: Landfill Citize	n's Liaison Committee 2	nd Choice:	
If not interested in any specific those areas in which you are in	Committee(s), are you interested, or describe other	terested in a specific subject matte areas not listed:	r? If yes, please check
Human Services Housing Tourist Development Trans	Health Care Science sportation Bioycle/Ped	e Library Services Growth & estrian Metropolitan Planning &	Management Organization
Other Areas			
Have you served on any previous	s Leon County committee	7 □Yes □ No	
If Yes, on what Committee(s) ha	ve you served? Chaires-C	apitola Rec. Council	
How many days per month wou	ld you be willing to commit	t for Committee work? 🗆 1 📮 2 to	3 □ 4 or more
And for how many months wou	ld you be willing to commit	that amount of time? 🖾 2 🚨 3 to	o 5 ☐ 6 or more
What time of day would be best	for you to attend Committe	ne meetings? Day Day Night	
		nd those contained in various fed at reflects the diversity of the comm	
		to meet reporting requirements and	
Race:	☐ African American	☐ Hispanic ☐ Asian ☐	Other
Sex:	male Age:	Disabled? U Y	es 🗆 No
• • •	-	rticipate in an Advisory Committee : 32 or e-mail at CobleC@mail.co.leon	

ATTACHIV	IENT #	
PAGE	11 OF	17

In the space below briefly describe or list the following: any previous expenence on other Commisses; your educational background; your skills and experience you could contribute to a Committee; any of your professional sicenses and/or designations and indicate how long you have held them and whether they are effective in Leon County; any charitable or community activities in which you participate; and reasons for your choice of the Committee indicated on this Application. Please attach your resume, if one is available.				
References (you must provide	it least one personal reference who is not a family member):			
Name:	Telephone:			
Address:				
Name;	Telephone:			
Address:				
LAWS REGARDING GOVER PUBLIC RECORDS DISCLO INCLUDE CRIMINAL PENAL ANY SUBSEQUENT ACTION WITH THESE LAWS AND TO AN ORIENTATION BEFORE	SORY COMMITTEE, YOU WILL BE OBLIGATED TO FOLLOW ANY APPLICABLE INMENT-IN-THE-SUNSHINE, CODE OF ETHICS FOR PUBLIC OFFICERS, AND DEURE. THE CONSEQUENCES OF VIOLATING THESE APPLICABLE LAWS TIES, CIVIL FINES, AND THE VOIDING OF ANY COMMITTEE ACTION AND OF BY THE BOARD OF COUNTY COMMISSIONERS. IN ORDER TO BE FAMILIAR ASSIST YOU IN ANSWERING THE QUESTIONS BELOW, YOU MUST COMPLETE YOUR APPLICATION IS DEEMED COMPLETE.			
Will you be receiving any component on a Committee? If Yes	nancial disclosure form, if applicable? □ Yes □ No ensation that is expected to influence your vote, action, or participation • No if yes, from whom?			
Do you anticipate that you would be you know of any circumstate conflicts?	id be a stakeholder with regard to your perticipation on a Committee? Yes No notes that would result in you having to abstain from voting on a Committee due to voting yes, please explain			
If yes, please explain Do you have any employment	our wife or child or their employers, do business with Leon County? Yes No Or contractual relationship with Leon County that would create a continuing or frequently by your participation on a Committee? Yes No			
All statements and information	provided in this application are true to the best of my knowledge.			
Signature:				
Please return Application to	Christine Coble, Agenda Coordinator Leon County Board of County Commissioners 301 South Monroe Street			

ADVISORY COMMITTEE APPLICATION FOR BOARD APPOINTMENT 12 0 17

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Applications will be discarded if no appointment is made after two years.	COLD
Name: Jessica Eleintelter	Date: \$ 26/04
Home Phone: 36-610 Work Phone: 45-7589 Email: Valenail	Hau-
Occupation: Employer: FL Daft of Emv P	potection
Please check box for preferred malling address.	00
Please check box for preferred malling address. Work Address: 2600 Blairstone Rd-14505	
City/State/Zip: Tallahassee, FL 31399	
Priome Address 2682 Charteau Lane	
City/State/Zip: Tallahassee, FL, 32311	
Do you live in Leon County? 🖾 cs 🗆 No If yes, do you live within the City limits? 🗆 Yes 🖰	KNo 1
Do you own property in Leon County? A Yes No If yes, is it located within the City limits	17 □Yes, □KNo
For how many years have you lived and/or owned property in Leon County?	
Are you interested in serving on any specific Committee(s)? If yes, please indicate your prefer	rence
1st Choice: Regional Park (Span and Choice: Landfill C)	firens .
If not interested in any specific Committee(s), are you interested in a specific subject matte those areas in which you are interested, or describe other areas not listed:	r? if yes, please check
Human Services Housing Health Care Science Library Services Growth Market Development Transportation Bicycle/Pedestrian Metropolitan Planning Company of the Compa	Management Organization
Other Areas	
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And for how many months would you be willing to commit that amount of time? 🖵 2 📮 3 to	5') or more
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Race: Caucasian 🗆 African American 🗀 Hispanic 🗀 Asian 🗀	Other _
Sex: Male Female Age:	es XNo
Persons needing a special accommodation to participate in an Advisory Committee : Christine Cobie by telephone at 488-9962 or e-mail at CobieC@mail.co.leon	should contact fl.us

ATTACHM	IENT #_	
PAGE	3	of 17

in the space below briefly de	scribe or list the following: any previous experience on other Committees; your skills and experience you could contribute to a Committee; any of your professional
Vannage andier declarations or	of indicate how long you have held them and whether they are effective in Leon County;
any charitable or community ac	tivities in which you participate; and reasons for your choice of the Committee Indicated
On this Application, Please atta	ch your resume, if one is available. went at Science
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References (you must provide	ex DUNT for theray Saving Ideas strongle e to act as a voice for others. I was told s closing when I bought my house 1.5 years the opportunity to say that I physically st stand a Northform it least one personal reference who is not a family member):
Name: Gealt Rall	Telephone: 850-248-2521
Address:	
	The Lands of the L
Name:	Telephone:
Address:	
AS A MEMBER OF AN ADVI LAWS REGARDING GOVER PUBLIC RECORDS DISCLO INCLUDE CRIMINAL PENAL ANY SUBSEQUENT ACTION WITH THESE LAWS AND TO AN ORIENTATION BEFORE Have you completed the Orient Are you willing to complete a fi	inancial disclosure form, if applicable?)之Yes □ No ensation that is expected to influence your vote, action, or participation
Do you anticipate that you wou Do you know of any circumstar	ld be a stakeholder with regard to your participation on a Committee? Mrcs — No well to look a stakeholder with regard to your participation on a Committee? Mrcs — No well to look a look a look a stakeholder with regard to your participation on a Committee due to voting
conflicts? I Yes Vio If	yes, please explain
If yes, please explain 1000%	ur wife or child or their employers, do business with Leon County Drog I No
Do you have any employment of	r contractual relationship with Leon County that would create a continuing or frequently
if yes, please explain	o your participation on a Committee? □ Yes 🛴 💆 No
\wedge	and the first the same terms to the best of my browledge
All statements and information	provided in this application are true to the best of my knowledge.
Signature:	The state of the s
Please return Application to	Christine Cobie, Agenda Coordinator
	Leon County Board of County Commissioners
	301 South Monroe Street

It is the applicant's responsibility to keep the information on this form current.

To advise the County of any changes please contact Christine Cobie
by telephone at 488-9962 or by e-mail at CobieC@mail.co.leon.fl.us



Applications will be discarded it no appointment to made alter two years.	
Name: Karen MESSER	Date: Aug 26, 2004
Home Phone: 950-847-6452 Work Phone: N/A Email: N/A Occupation: N/A Employer: N/A	U .
Please check box for preferred mailing address.	
□ Work Address:	
City/State/Zip:	
Home Address 6822 Longhorn Ct	
City/State/Zip: Tallahassee, Fla 32311	
Do you live in Leon County? 🗗 es 🗆 No If yes, do you live within the City limits? 🗆 Yes 🗵	146
Do you own property in Leon County? Tes No If yee, is it located within the City limits	17 🗆 Yes 🗆 No
For how many years have you lived and/or owned property in Leon County? 51 years	
Are you in rested in serving on any specific Committee(s)? If yes, please indicate your prefer	rence
1st Choice: Lawffill Cit. Liaison Comm 2nd Choice: Apal PKwy Reg. P.	k. Cit. Focus Group
If not interested in any-specific Committee(s), are you interested in a specific subject matter those areas in which you are interested, or describe other areas not listed:	1? If yes, please check
Human Services Housing Health Care Science Library Services Growth & Tourist Development Transportation Bicycle/Pedestrian Metropolitan Planning C	Management Organization
Other Areas	
Have you served on any previous Leon County committees?	
If Yes, on what Committee(s) have you served?	
How many days per month would you be willing to commit for Committee work? 🛛 1 🖯 2 to	3 1 4 or more
And for how many months would you be willing to commit that amount of time? \Box 2 \Box 3 to	5 12 6 or more
What time of day would be best for you to attend Committee meetings? ☐ Day ☐ Night	İ
(OPTIONAL) Leon County strives to meet its goals, and those contained in various feet maintaining a membership in its Advisory Committees that reflects the diversity of the commoptional for Applicant, the following information is needed to meet reporting requirements and	unity. Although strictly lattain those goals.
	Other
Sex: Male Female Age: 51 Disabled? Yes	es ENo
Persons needing a special accommodation to participate in an Advisory Committee a Christine Gobie by telephone at 488-9962 or e-mail at CobleC@mail.co.leon.	

ALIACHIVIEN:	·
PAGE_15	OF 17

ducational background; your skills censes and/or designations and in my charitable or community activiti	or list the following: any previous experience on other Committees; your and experience you could contribute to a Committee; any of your professional dicate how long you have held them and whether they are effective in Leon County; as in which you participate; and reasons for your choice of the Committee indicated our resume, if one is available.
High Scholl 30-Y clavanto help.	our resume, it one is available. There are No such thing as problems, There are No such thing as problems,
musely solutions.	ton 8/26/04
	st one personal reference who is not a family member):
Named Wallace Bel	Telephone: 856-422-0509 mie Ave. (Dr.) Jell. Fla 32303
Address: 209 ()	na no energy
Name:	Telephone:
Address:	
PUBLIC RECORDS DISCLOSUINCLUDE CRIMINAL PENALTIE: ANY SUBSEQUENT ACTION BY WITH THESE LAWS AND TO AS AN ORIENTATION BEFORE YOU Have you completed the Orientation Are you witling to complete a finance Will you be receiving any compensuion a Committee? Do you anticipate that you would be Do you know of any circumpatances	clai disclosure form, if applicable?
conflicts? 🗆 Yes 🗆 🗆 No If yes,	please explain
If yes, please explain Do you have any employment or co recurring conflict with regard to you	ntractual relationship with Leon County that would create a continuing or frequently or participation on a Committee? □ Yes SNo
If yes, please explain	
All statements and information prov	rided in this application are true to the best of my knowledge.
Signature: <u>Naum</u>	D. Mlesen 8/26/04
Le 30	ristine Coble, Agenda Coordinator on County Board of County Commissioners 1 South Monroe Street Habassee, Ft. 32301

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ADVISORY COMMITTEE APPLICATION FOR BOARD APPOINTMENT

Te advise the Goun by takeptons at 48	ensibility to keep the information on this form current. By of any changes piesse contact Chrissine Cable 1-9862 or by e-mail at CableC@mail.ca.taon.fl.us	LEDN
Applications will be d	scarded if no appointment is made after two years.	TO SEE
Name: MARY	M. URQUHART	Date: 6/21/04
Home Phone: \$94.0999	Work Phone: — Emeil: LAY GLAV	na Daol. com
Occupation: Disabl	Employer:	
Please check box for preferred Work Address:	nalilng address.	
City/State/Zip:	,	
Home Address 3	301 Asua Ridge Wa	ш
City/State/Zip;	301 Agua Ridge Wa allahassee FLO 3638	\$9
	Yes 🗆 No. If you, do you live within the City limits? 🗆 Yes 🚨	
Do you own property in Leen Co	unity? 🗆 Yee 🖎 No M yea, is it lecented within the City Rimits?	P DYES D No
·='	red andfor owned property in Lean County? 2 years	
	any specific Committee(s)? If yes, places indicate your prefer	wee
Jat Choice: Land fil	Committee 2nd Choice:	
If not interested in any specific those areas in which you are into	Committee(s), are you interested in a specific subject matter rested, or describe other areas not listed:	If yes, please check
Human Services Housing Tourist Development Trans	. Health Care Science Library Services Growth M tortation Ricycle/Pedestrian Metropolitan Planning Or	enagement
Other Aress		
Have you served on any provide	Leon County committees?	
If Yes, on what Committee(a) have	e you served?	
1 1	yes be willing to countif for Commisse work? 🔲 (🚨 2 to 3	*
	you be willing to commit that amount of time? □ 2 □ 3 to 5 bryou to ettend Committee meetings? 天 Day 🖎 Night	6 or more
meintaining a memberside in its/ optional for Applicant, the follow	ree to meet its goals, and those contained in various fader Advisory Committees that reflects the diversity of the commun ng information is needed to meet reporting requirements and a	ihi. Although strictly
Rece: K Caucasian	🗖 African American 📮 Hispanic 💢 🗖 Asian 💢 🔾	Other
Sex: C Male 15 Per	ale Age: 15 Disabled? 19 Yes	□ No
Persons needing a speci Christine Costs	iol accommodation to participate in an Advisory Committee sha a by talaphone at 455-1662 or e-mail at Cobio Commit.co.leon.ii.:	wild consect

, an ioi nin			
PAGE_	7	OF	17

educational background, year s licenses and/or designations an	eribe or list the following: any previous experience on other Committees; your title and experience you could contribute to a Committee; erry of your professional implicate how long you have held them and whether they are effective in Leon County; sides in achiefs you purifolipate; and resears for your choice of the Committee Indicated in your results, it one is evaluable. See ENCLOSED Results **Results** **Results	
References (you must provide at	least one personal reference who is not a femily promber):	•
Name: GRY A. Ma	d Ohio Telephone: 216: 521. 9112	
Nasse: Nancy	K: 1ehn Telephone: 412.487.8708	
AS A NEMBER OF AN ADVISIONS REGARDING GOVERN PUBLIC RECORDS DISCLOS INCLUDE CRIMINAL PENALT ANY SUBSEQUENT ACTION (WITH THESE LAWS AND TO A AN ORIENTATION BEFORE YILL Have you completed the Oriental Are you wilting to complete a link Will you be receiving any compare on a Committee? O Yes (A)	sciel discoure form, if applicable? If You O No sation that is expected to influence your vote, action, or participation in If you, from whom?	
Do you anticipate that you would Do you know of any circumstage	be a stansholder with regard to your perticipation on a Committee? If Yes A No es that would result in you having to abstain from voting on a Committee due to voting	
ourfliets? © Yes 3(No Kyo Do you or your employer, or your Kyes, please explain Do you have any employment are	s, please explain	
All statements and Information po Signature:	evided in this application are free to the best of my knowledge.	
Please return Application to	Shristine Coass, Agends Coordinator	
	Lean County Board of County Commissioners 101 Fourth Monroe Street FY: ASS. 11.70	13
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